

MAY 25 1955

# THE SOCIETY OF THE NEW YORK HOSPITAL



LIEBMAN  
CORNELL UNIVERSITY  
MEDICAL COLLEGE  
NEW YORK CITY

Created by Royal Charter in 1771  
in the reign of King George III

## THE ANNUAL REPORT OF THE MEDICAL DIRECTOR OF

The New York Hospital-Westchester Division  
WHITE PLAINS, NEW YORK

1954



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*W. J. H. H. H. H.*  
CORNELL UNIVERSITY  
MEDICAL COLLEGE  
NEW YORK 14850



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## HISTORICAL NOTE

The New York Hospital owes its inception and growth to the efforts of public-spirited citizens. In 1769, Dr. Samuel Bard, later Washington's personal physician, delivered an address at the King's College commencement exercises in Trinity Church on the occasion of the awarding of some of the first medical degrees in America. In this address he pointed out the vital need for a hospital in New York City. Interest was aroused among influential men and the Governor of the Province headed the subscription list which raised liberal funds for this purpose.

In 1771 a royal charter was granted by King George III to "the Society of the Hospital in the City of New York in America." Through the efforts of Dr. John Fothergill, an old friend and adviser of Dr. Bard in London, the Society also received gifts from English friends, and in 1772 was granted an allowance of 800 pounds by the Legislature of the Province. In 1773, the Governors of the Society purchased five acres of land on the west side of Broadway opposite Pearl Street, and the cornerstone of the hospital was laid by Governor Tryon of New York. Construction was begun immediately but in February, 1775, the interior of the building was almost completely destroyed by fire. Although rebuilding was started at once, it was soon halted by the outbreak of the War of Independence. The unfinished structure was used both as barracks and as a military hospital for wounded American soldiers.

Because of the confusion in civic affairs following the war, the hospital was not opened to civilians until January, 1791. From the beginning the Governors recognized that patients suffering from nervous and mental disorders were sick people and they were admitted into the same building with medical and surgical cases. In 1808 a separate building was erected on the hospital grounds to provide more adequately for the care of mental patients.

In 1810 the legislature of the new State of New York confirmed the original charter and the Society became "The Society of the New York Hospital."

In the years following it was found desirable to move the division for mental patients to a newly purchased piece of property on Bloomingdale Road, seven miles north of the City, where the Bloomingdale Asylum was built and opened in 1821. As the City continued to grow, this property was sold to Columbia University and other institutions, and the Bloomingdale Hospital was moved in 1894 to its present location in White Plains.

Since the construction of the original hospital buildings in White Plains, there have been extensive developments of the property, among which may be mentioned the following: the construction of Macy and Banker Villas for men patients; Brown Villa, Bard House and Bruce House for women patients; special occupational therapy buildings and gymnasias for both men and women patients; clinic buildings, including operating room unit and dental and X-ray laboratory units; a student nurses' house, a staff house and eight cottages for physicians. In

1938 a modern building for physical therapy was constructed in connection with the men's department. In 1941 the Nichols Cottage, an air-conditioned building with accommodations for twenty disturbed women patients, was constructed and named in honor of Dr. Charles H. Nichols, medical superintendent of the hospital from 1877 to 1889. In 1954 the building for special therapies was opened, enabling the hospital to treat more women patients. Other sections of the hospital have been modernized by renovation, promoting the safety and medical care of the patients. A nine-hole golf course has been made available and the grounds, 246 acres in extent, have been otherwise developed.

By vote of the Board of Governors of the Society on June 15, 1936, the name of the Bloomingdale Hospital was changed to "The New York Hospital-Westchester Division" in order to convey a clearer understanding than had hitherto prevailed of the relation of the hospital in White Plains to the Society of the New York Hospital.



# THE SOCIETY OF THE NEW YORK HOSPITAL

FOR THE YEAR 1955

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## OFFICERS

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JOHN HAY WHITNEY	<i>Vice-President</i>
FRANCIS KERNAN	<i>Vice-President for Administrative Operations</i>
HENRY S. STURGIS	<i>Vice-President for Finance</i>
WALTER G. DUNNINGTON	<i>Vice-President for Membership</i>
LAURENCE G. PAYSON	<i>Secretary and Treasurer</i>

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WILLIAM H. JACKSON	FRANCIS CARDINAL SPELLMAN
	LONDON K. THORNE

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\* On leave of absence

THE NEW YORK HOSPITAL—WESTCHESTER DIVISION  
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GEORGE F. BAKER, JR.

LAURENCE G. PAYSON

HAMILTON HADLEY

ALBERT CAREY WALL

FRANCIS KERNAN

\*HENRY N. PRATT, M.D.

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\* Director, New York Hospital

MEDICAL AND EXECUTIVE STAFF  
OF  
THE NEW YORK HOSPITAL—WESTCHESTER DIVISION

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*Medical Director*

JAMES H. WALL, M.D.

*Assistant Medical Director and Clinical Director*

CURTIS T. PROUT, M.D., F.A.C.P.

*Physician in Charge of Women's Department*

DOROTHY BURDICK, M.D.

*Physician in Charge of Men's Department*

DONALD M. HAMILTON, M.D.

*Director of Laboratories and Internist*

HOLLIS E. CLOW, M.D.

*Assistant and Physician to Employees*

MAURA J. LYNCH, M.D.

*Senior Assistant Psychiatrists*

EDWARD BARTLETT ALLEN, M.D.

JANE F. O'NEIL, M.D.

ALLISON BOOTH LANDOLT, M.D.

WILLIAM K. MCKNIGHT, M.D.

*Resident Physicians*

PHILIP S. HERBERT, JR., M.D.

LEONARD M. MOSS, M.D.

WILLIAM A. TRIEBEL, M.D.

*Assistant Resident Physicians*

KENNETH L. CROUNSE, M.D.

EUGENE T. HUPALOWSKY, M.D.

SIMEON L. FEIGIN, M.D.

LUCILE M. WARE, M.D.

LAURENCE LOEB, M.D.

JAMES R. WARE, JR., M.D.

HARRY H. MOORHEAD, M.D.

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*Dental Surgeon*

WILLIAM T. CARROLL, D.D.S., Ph.G.

*Assistant Dental Surgeons*

RALPH A. SLATER, D.M.D.

CHARLES F. BECK, D.D.S.

*Head of Psychology Department*

MARY ALICE WHITE, Ph.D.

*Head of Social Service Department*

ELEANOR NEUSTAEDTER

## ATTENDING STAFF

### *Medicine*

MARIAN TYNDALL, M.D.

BYARD WILLIAMS, M.D. F.A.C.P.

### *Urology*

ALLISTER M. McLELLAN, M.D., F.A.C.S.

FREDERICK C. McLELLAN, M.D.,  
F.A.C.S.

### *Gynecology*

THOMAS C. PEIGHTAL, M.D., F.A.C.S.

FREDERICK WALL FINN, M.D.  
(Associate Attending)

### *Ophthalmology and Otolaryngology*

JOHN R. EMERY, M.D., F.A.C.S.

ARNOLD W. FORREST, M.D.

### *Radiology*

ROY D. DUCKWORTH, M.D.

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### *Surgery*

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EDWIN G. RAMSDELL, M.D., F.A.C.S.

WALLACE MOORE SHERIDAN, M.D., F.A.C.S.

### *Medicine*

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EDWARD W. WEBER, M.D.

### *Urology*

OSWALD S. LOWSLEY, M.D., F.A.C.S.

### *Neurology*

LEWIS D. STEVENSON, M.D.

HAROLD G. WOLFF, M.D., F.A.C.P.

### *Neurosurgery*

BRONSON S. RAY, M.D. F.A.C.S.

### *Radiology*

CHARLES GARDINER HUNTINGTON, M.D., M.A.C.R.

### *Dermatology*

ROBERT R. M. McLAUGHLIN, M.D.

### *Pathology*

VICTORIA A. BRADESS, M.D.

### *Anesthesiology*

EDWIN J. DEALY, M.D., F.A.C.An.

WILLIAM M. PARKE, JR., M.D.

### *Oral Surgery*

FRANK LUCAS LEWIS, D.D.S.

### *Orthodontia*

FRANKLIN A. SQUIRES, D.D.S.

## EXECUTIVE STAFF

### *Director of Nursing*

CAROLYN A. SPROGELL, B.S., R.N.

### *Assistant Directors of Nursing*

ELEANOR M. CORRIGAN, B.S., R.N., Women's and Men's Departments

LUCY M. WAINWRIGHT, M.A., R.N., Women's Department

PETER G. MITCHELL, R.N., Men's Department

### *Instructors in Nursing*

MARY E. GONYOW, M.A., R.N.

BETTY THOMAS, B.S., R.N.

### *Supervisors*

GRACE BLOOM, R.N.

JESSIE MCBRIDE, R.N.

HELEN FISH, R.N.

BESSIE MELVIN, R.N.

VALENTINE GREVE, R.N.

ANNE MEYERS, M.A., R.N.

AVIS PITMAN, M.A., R.N.

### *Directors of Occupational Therapy*

FRANCES PATTON, Reg. O.T.

LOUIS J. HAAS, Reg. O.T.

### *Directors of Physical Education*

ELLEN E. PHELAN, M.A.

ALBERT J. GORTON, M.A.

### *Directors of Physical Therapy*

KATHRYN M. DURKIN

RAGNAR HAREIDE

### *Director of Music*

ROBERT L. MILLS, B.A., F.A.G.O.

### *Librarian*

LILLIAN A. WAHROW, B.A., B.S.

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### *Steward*

ANDREW J. DELANEY

### *Assistant Steward*

VASSAR W. JOHNSON

### *Supervising Engineer*

HAROLD E. VEHSLAGE, B.A., M.E.

### *Supervising Housekeeper*

VIRGINIA M. JACQUES

### *Director of Department of Nutrition*

MARION P. RANDALL, B.S.

### *Dental Hygienist*

ALMA L. MCKIRGAN, D.H.

### *Secretary to Medical Director*

DOROTHY L. CLOSE, B.A.

### *Apothecary*

WALTER HOPFMANN

### *Public Relations*

MARION M. MILLER, B.A.

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### *Chaplain*

ALFRED C. ARNOLD, D.D.



ENTRANCE TO BUILDING FOR SPECIAL THERAPY IN NICHOLS COTTAGE

Patients in the Westchester Division are never photographed. In the illustrations in this report hospital personnel substitute for patients.

# THE SOCIETY OF THE NEW YORK HOSPITAL

## NEW YORK HOSPITAL—WESTCHESTER DIVISION

*To the Board of Governors of the Society of the New York Hospital:*

I have the honor to present herewith the report of the New York Hospital—Westchester Division for the year ending December 31, 1954.

The hospital has been able to increase its service to the community and to advance its program of teaching and research. Facilities for improved treatment have been added, including the building for special therapies in the women's department. Repairs and replacements greatly improve the efficiency of operation. To give further service to the community and to provide more complete training of residents, an outpatient department is the immediate project. This department will play an important role in the prevention of psychiatric illness and in the promotion of mental health.

### ADMISSIONS

The hospital has continued the practice, in accepting patients for admission, of giving preference to those who are suffering from acute and recoverable psychiatric disorders. Most of the patients admitted in this period had been sick for less than a year before admission. Approximately two-thirds of the patients admitted were under 50 years of age; approximately one-fourth were under 30.

During the year 343 patients, 205 women and 138 men, were admitted. The great majority of these patients were troubled by functional disturbances of their personalities and life adjustments. They were unable to function effectively at work, or in interpersonal relationships in the family and social groups and in the community. Their psychiatric disorders developed from the constitutional or temperamental makeup of the individual. The noticeable mental symptoms were precipitated and aggravated by inner conflicts between their instinctive drives and ideals. In the family background there were frequently friction, misunderstandings and clashes of temperament which inflate feelings of anxiety and insecurity. In most cases the mental health reserve was worn down by prolonged conflict and frustrations. In some the illness was precipitated by sudden dramatic incidents such as severe losses, untoward accidents, death of loved ones, or sudden changes which make too great stress and strain on the individual's powers of adjustment.

Each patient reacts according to his temperament or personality type. Some become depressed, self-depreciatory, self-accusatory, indecisive and slowed up in their functions, while others, in an attempt to adjust, become tense, anxious, restless, agitated, overactive, overtalkative and elated. Such personality disorders are classified as manic-depressive psychoses. Ninety-one, or 27 per cent of the patients admitted were so diagnosed.

Persons who are sensitive and too independent of the group, when mentally sick are prone to withdraw from the environment, misinterpret and project their difficulties, reacting in a way that has been called schizophrenic. One hundred sixteen, or 34 per cent of the patients admitted, were diagnosed as suffering from schizophrenia.

Thirty-five, or 10 per cent, had illnesses associated with the climacterium, the involutional period commonly known as the change of life. These patients present the symptoms of restlessness, agitation, depression, and extreme hypochondriasis.

Patients with psychosomatic symptoms of anxiety, hysteria, fears, obsessions and compulsions are helped by the varied program activities and general support in addition to intensive psychotherapy which many of them have received for varying periods of time before admission. Thirty-five patients, or 10 per cent of all admissions, were suffering from psychoneuroses.

Thirty-one patients were admitted for emotional difficulties associated with alcoholism.

A few patients are incapacitated as a result of temporary or progressive changes in the brain and its supporting tissues. Some of these patients respond rapidly, while others fail to respond to intensive treatment.







OFFICE IN BUILDING FOR SPECIAL THERAPY, WOMEN'S DEPARTMENT

# DIAGNOSTIC GROUPING OF ADMISSIONS

	Men	Women	Total
Psychoses with other infectious diseases:			
Post-infectious psychosis .....	—	1	1
Psychoses due to alcohol:			
Pathological intoxication .....	—	1	1
Delirium tremens .....	—	1	1
Korsakoff's psychosis .....	—	1	1
Other types .....	—	3	3
Psychosis due to trauma .....	1	—	1
Psychoses with cerebral arteriosclerosis .....	5	15	20
Psychoses with other disturbances of circulation:			
With cerebral embolism .....	1	—	1
Senile psychoses:			
Simple deterioration .....	2	3	5
Paranoid type .....	—	1	1
Involucional psychoses:			
Melancholia .....	12	14	26
Paranoid type .....	3	6	9
Psychoses due to other metabolic, etc., disease:			
Alzheimer's disease .....	1	—	1
Manic-depressive psychoses:			
Manic type .....	8	7	15
Depressive type .....	18	9	27
Circular type .....	7	12	19
Mixed type .....	6	24	30
Dementia Praecox:			
Simple type .....	3	7	10
Hebephrenic type .....	—	1	1
Catatonic type .....	18	46	64
Paranoid type .....	20	19	39
Other types .....	1	1	2
Paranoia and paranoid conditions:			
Paranoid condition .....	—	2	2
Psychoses with psychopathic personality .....	1	2	3
Psychoneuroses:			
Psychasthenia or compulsive state .....	2	1	3
Reactive depression .....	4	3	7
Anxiety state .....	1	1	2
Mixed psychoneuroses .....	10	13	23
Without mental disorder:			
Alcoholism .....	10	6	16
Drug addiction .....	2	3	5
Psychopathic personality .....	2	2	4

Three hundred patients, or 87 per cent of those admitted, came from New York City and the surrounding suburban area; 91, or 30 per cent of these, came from Westchester County. Patients came from 14 States other than New York, and from Canada, England, Italy and South America.

Two hundred sixteen, or 63 per cent of the patients admitted, were received on their own voluntary application. Twenty-eight under the age of 21 were admitted on the application of their parents. Ten were received on physician's certificates, and 82 were too sick to understand their need for treatment and were certified at the time of admission. Seven were received by transfer from other hospitals in the State. Five patients came directly from the Payne Whitney Psychiatric Clinic. Most of the patients were referred by physicians in private practice.

The majority were cultivated and well educated citizens; many of them held positions of leadership and responsibility in their communities. There were 24 executives, 15 teachers, 15 physicians, 6 writers, 6 engineers, 4 lawyers, 3 artists, 2 architects, 4 nurses, 10 secretaries, 40 students, and 125 housewives and mothers.

### DISCHARGES

Three hundred twenty-six patients, 204 women and 122 men, were discharged during the year. Of these, 82, or 25 per cent, were considered recovered. Two hundred sixty-two of the total number discharged had either recovered or improved, thus 80 per cent of all patients discharged were definitely benefited by hospital treatment. Of those recovered or improved, 140, or 50 per cent, were in the hospital less than six months. Two hundred twenty-six, or 86 per cent, were in the hospital less than one year. The following table gives more details as to the length of time patients were under treatment and their condition at the time of discharge.

#### DURATION OF HOSPITAL RESIDENCE OF PATIENTS DISCHARGED

	<i>Recovered</i>		<i>Much Improved</i>		<i>Improved</i>		<i>Unimproved</i>		<i>Died *</i>		<i>Total</i>
	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>	
Less than 6 months	26	17	29	28	12	28	4	16	2	2	164
6 to 12 mos.	10	20	13	23	5	15	2	15	---	1	104
1 to 2 years	1	7	2	7	3	9	5	5	1	2	42
2 to 3 years	---	1	1	1	---	3	---	---	2	---	8
3 to 4 years	---	---	---	---	---	---	---	1	1	---	2
4 to 5 years	---	---	---	---	---	---	---	1	---	---	1
More than 5 years	---	---	---	---	1	---	---	1	2	1	5
Total	37	45	45	59	21	55	11	39	8	6	326

\* One patient died while on visit.

### TREATMENT

Patients are received on the admission halls of the men's and women's services. Each is assigned to a physician who is responsible for the examination and the direction of treatment. In the physical study of the patient the aid of the consultants in the different departments of medicine and surgery





ROOM FOR SPECIAL THERAPY, WOMEN'S DEPARTMENT

is utilized. The clinical laboratory studies include complete blood counts, urinalysis, blood chemistry, serology tests, X-ray of the chest, and when indicated, electroencephalography and electrocardiography. Provision is made for periodic physical examinations of all patients in addition to the investigation immediately following admission. Psychotherapy is conducted by the interview method with emphasis on dynamic and interpretative psychiatry. The patient is studied with reference to the family background, the influence of parental and school training and of dynamic experiences during development. The setting in which the mental illness occurred is carefully surveyed, including the valuable information gathered by the social worker. Four afternoons a week are devoted to interviews with members of the patients' families, friends, and working associates. The psychologists assist in diagnostic testing, vocational and avocational guidance. With a broad understanding the physician is able to administer psychotherapy through the open discussion of individual problems. The patient learns better ways of adjusting, changing many attitudes and tendencies which can be changed and acquiring tolerance and understanding of persisting traits and difficult life situations. Adjustments at work, at home, and increased understanding of relatives are essential to recovery.

The medical staff continues to provide frequent consultation upon the problems of individual patients. Clinical conferences are held each weekday morning on both the men's and women's services at which time the physicians, the supervisors of nursing, and the heads of the various program therapy departments discuss the condition, needs, treatment and daily schedules of patients. The histories of newly admitted patients are presented and the progress of convalescent patients is carefully considered, especially in reference to moves to more advanced halls and the assumption of increased responsibility and privileges. On two mornings each week general staff conferences are attended by the entire medical staff at which time completely prepared case histories are presented for diagnostic consideration and advice in treatment. At these conferences the patients have the opportunity to discuss their life problems with all the doctors of the staff. These meetings are the center of the medical activities of the hospital; they serve the purpose of bringing the work of each physician into relation with that of others of the staff and of carrying on the work in accordance with sound policies and standards of treatment which can be improved and refined.

Every effort is made to make the patient feel comfortable and at home in the hospital environment. Attention is directed to the patient as a person in a carefully planned social life on the hall. The nurses introduce the newly admitted patient to his fellow patients and acquaint the patient with the many hall activities, including schedules of rest, nourishment and recreation. Immediately after admission an active participation in all the program therapies of the hospital is arranged for each patient.

Convalescent patients are prepared gradually to resume their active and productive lives in the community by a series of increasingly prolonged visits from the hospital. Many patients commute to work or to school for varying periods of time. This transitional period is most helpful in the complete rehabilitation of the patient.

## SPECIAL TREATMENT PROCEDURES

*Reserpine.* The effectiveness of this drug is being studied. The active principal was identified in 1952. It is an extract from the roots of *Rauwolfia Serpentina*, a shrub which grows in India where it has been used for many years. In 1933 it became better known through reports of its good effect in the treatment of hypertension. It has been observed to have a tranquillizing effect upon tense, anxious, irritable, excited and depressive states. Studies have been carried out with controls, and reports as to its effectiveness will be prepared.

*Chlorpromazine.* This is a drug which is chemically related to anti-histamines. It is also being employed for its sedative effect upon various types of excitement, overactivity and anxiousness. Control studies are being carried out and the effectiveness of the drug is being studied.

*Electric Shock Therapy.* During the year electric shock therapy was given to 203 patients, 97 men and 106 women. The physicians select the patients to receive this form of treatment and determine the time and frequency of its administration. All patients are studied before and after treatment, including X-ray examinations, electrocardiographic, electroencephalographic and psychological studies. All patients receive appropriate doses of curare preparations which diminish the patient's response to electric shock. This continues to be one of the most important adjuncts and in most instances brings the patient rapidly to a state of responsiveness to psychotherapy and other forms of treatment. It is frequently a life-saving measure in those with strong suicidal drives and in those individuals in frenzied states of excitement, impulsiveness and exhausting overactivity.

*Insulin Therapy.* During the year 90 patients received sub-shock insulin therapy. This form of treatment is frequently combined with electric shock therapy and has continued to be most efficacious in allaying tension, anxiety and depression, and stimulating appetite in patients who are suffering from neurotic, depressive and schizophrenic reactions.

## PROGRAM THERAPIES

### PHYSICAL THERAPY

In addition to the medical and nursing care, the patient is given physiotherapy, including massage, hydrotherapy, electric treatment such as ultra-violet and infra-red light, baking and diathermy. Prolonged baths and packs are measures for securing rest naturally and preventing exhaustion from excitement and agitation. This department is under the supervision of Miss Durkin and Mr. Hareide. During the year the women's department carried out 32,426 treatments, and the men's department 23,461 treatments. One hundred eighty-one patients received 3,096 prolonged baths, and 203 patients received 3,483 packs; these procedures were administered on the halls by the nursing service.

### OCCUPATIONAL THERAPY

This therapy is prescribed for each patient. Through constructive activity and achievement the individual regains confidence and self-esteem together with the satisfaction derived from group and social activity. The women's







PSYCHOLOGICAL TESTING

department has continued under the direction of Miss Patton and her nine trained assistants. A wider range of classes has been planned for sicker patients. Painting, modelling, basketry, metal work and leather work have continued to be popular crafts. Weaving and sewing with required attention to color and pattern have been useful. Typewriting is taken up by many. Gardening and flower arrangement have appealed to an increasing number of patients. In the men's department under the direction of Mr. Haas and his six assistants, many of these activities have been carried out with emphasis on occupations of interest to men, such as lathe work, carpentry, pottery, printing, heavy metal work. Patients have also assisted in the building and care of athletic equipment, tennis courts and playfields.

### *PHYSICAL EDUCATION*

Miss Phelan and Mr. Gorton have continued in charge with their nine assistants. The facilities of the two gymnasia, the playfields, the spacious grounds and walks, have been fully enjoyed. The healthful activity and the socializing effects of playing together and gaining a feeling of belonging to the group are the contributions of this part of the program. The outdoor activities include golf, tennis, croquet, paddle tennis, badminton, baseball, shuffleboard, touch football, handball, and salt water bathing at York Lodge. The indoor activities include regular gymnasium classes, correctives, folk dancing, squash, badminton, pingpong, parlor games and cards. During the winter months social dances, square dances, motion pictures, bridge and salmagundi parties are enjoyed. The social program includes sports exhibitions and tournaments, concerts, and tea dances for the patients and their relatives.

### *YORK LODGE*

The patients have continued to use the facilities at York Lodge on the hospital property at Orienta Point, Mamaroneck on Long Island Sound. They have enjoyed the bathing, fishing, a variety of outdoor games, and the hot noonday meal which was served.

### *MUSIC DEPARTMENT*

Mr. Mills has continued in charge of the music department. The major activity has been individual instruction, 1,085 lessons having been given. A series of record concerts with lectures on music appreciation was enjoyed by many different groups of patients.

### *LIBRARIES*

Miss Wahrow has continued as librarian. In addition to the usual book reviews a number of talks by business and professional men and women as patients were given. More activities of this nature for sicker patients have been planned and carried out. The book cart was taken regularly to all halls.

Six hundred twenty-two volumes were added to the patients' library so that at the end of the year an inventory showed 5,015 volumes, with a yearly circulation of 19,132. Seventy-seven periodicals were subscribed to for the patients, nine for the School of Nursing, and 65 for other non-medical departments.

Two hundred fifty-seven volumes were added to the medical library, making a total inventory of 7,750 volumes. Subscriptions to 46 medical journals were continued.

### CLINICAL AND X-RAY LABORATORIES

Dr. Clow has continued in charge and has directed the work of this department together with research projects. A total of 10,715 laboratory examinations was made. Examinations of the milk and water supplies have shown the usual satisfactory standards of quality and purity.

*X-ray Laboratory.* A total of 1,582 X-ray examinations was made.

*Operating Room.* There were 30 procedures in connection with operations, including nine dental operations.

*Electroencephalography.* Two hundred forty-one electroencephalograms were made.

*Electrocardiography.* During the year 182 electrocardiographic studies were made.

*Ketosteroid work.* Progress has been made in the investigations of urinary ketosteroids in patients suffering from circular manic-depressive reactions.

The following tables give details as to the work of this department:

#### CLINICAL LABORATORY

	<i>Patients</i>	<i>Employees</i>	<i>Total</i>
Bacteriology and Parasitology:			
Cultures:			
Water .....	----	----	12
Blood .....	----	1	1
Miscellaneous .....	4	1	5
Microscopic:			
Tuberculosis .....	5	7	12
Gonococci .....	173	2	175
Miscellaneous .....	4	60	64
Chemistry:			
Blood .....	913	35	948
Feces .....	12	5	17
Gastric contents .....	1	----	1
Spinal fluid .....	14	----	14
Cytology:			
Blood .....	1,784	567	2,351
Spinal fluid .....	14	----	14
Functional tests:			
Basal metabolism .....	37	18	55
Renal function .....	1	----	1
Miscellaneous .....	20	2	22
Serology .....	371	353	724
Urine examinations .....	5,591	707	6,298
Post mortem examinations .....	5	----	5





FORMAL GARDENS

## X-RAY LABORATORY EXAMINATIONS

	<i>Patients</i>	<i>Employees</i>	<i>Total</i>
* Head .....	22	17	39
†Thorax .....	369	691	1,060
Spine .....	224	12	236
Shoulder .....	10	14	24
Upper arm .....	6	3	9
Elbow .....	3	-	10
Forearm .....	2	1	3
Wrist and hand .....	27	39	66
Abdomen .....	8	2	10
Pelvis and hip joint .....	7	-	14
Thigh .....	1	-	1
Knee .....	5	6	11
Leg .....	3	2	5
Ankle .....	16	10	26
Foot .....	18	16	34
Gastro-intestinal tract .....	-	6	13
Gall bladder .....	-	1	1
Genito-urinary tract .....	14	3	17
Fluoroscopic examinations .....	8	5	13
Teeth (complete examination) .....	292	22	314
Teeth (partial examination) .....	231	13	244

\* Inclusive of examinations for skull, sinuses, jaw and nose.

† Inclusive of examinations for lungs, heart, ribs and oesophagus.

## MEDICAL STAFF EDUCATIONAL PROGRAM

Dr. Prout has continued as Clinical Director in charge of the general staff conferences, the Monday Night Meetings, the supervision of treatment, and the resident training of physicians. At the Monday Night Meetings original studies, progress on research projects, reviews of current literature and books are presented. Films on the subjects of clinical psychiatry, child development, mental hygiene and clinical neurology are shown as an audio-visual part of the teaching program. Visiting lecturers and physicians are invited to give courses and address the medical staff. In April Dr. Thomas M. French of Chicago spent a week at the hospital. Six general staff conferences were held in the mornings at which patients and their case histories were presented. Individual conferences with residents were held during the afternoons, and lectures on theoretical subjects were given at the evening meetings. Dr. David M. Keedy of San Antonio, Texas, spoke on the private practice of psychiatry. Dr. Victoria A. Bradess reviewed the pathological material of the hospital.

The Monday Night Meetings continue to contribute to the training of physicians and to the maintenance of good clinical standards and practice.

Physicians receive instruction and experience in the psychiatric outpatient department at the Payne Whitney Clinic. They also have the opportunity to teach courses in psychiatry and conduct clinics for the affiliating nurses.

Studies presented at the Monday Night Meetings included the following:  
*Psychosomatic Concepts of S. Cobb, English and Dunbar* by Dr. Tine Strobos;  
*Psychotherapy with Disturbed Patients* by Dr. McKnight;  
*Occupational Therapy for Women in a Mental Hospital* by Miss Patton;  
*Physician's Point of View in Therapy* by Dr. Hamilton;  
*Discussion of Physiotherapy for Men* by Mr. Hareide;  
*Review of Studies on Alcohol* by Dr. Prout;  
*Physical Education as Therapy for Women in a Mental Hospital* by Miss Phelan;  
*Occupational Therapy for Men in a Mental Hospital* by Mr. Haas;  
*Anorexia Nervosa* by Dr. Wall;  
*Role of the Dietitian in a Mental Hospital* by Miss Randall;  
*Psychologist's Point of View in Therapy* by Dr. White;  
*Physiotherapy for Women* by Miss Durkin;  
*Physical Education as Therapy for Men in a Mental Hospital* by Mr. Gorton;  
*Physician's Point of View in Therapy* by Dr. Burdick;  
*Symposium on Suicide* by Dr. Herbert and Dr. White;  
*Forensic Psychiatry* by Drs. Triebel, Prout, and James Ware;  
*Psychological Testing* by Dr. White and staff;  
*Symposium on Group Psychotherapy* by Dr. Loeb and Dr. McKnight;  
*Symposium on Delusions* by Dr. Triebel and Dr. Moss;  
*Symposium on Somatotherapies* by Dr. Crounse and Dr. Moorhead;  
*History of Medical Psychology* by Dr. James Ware.

On November 15th a special meeting was held to which physicians of the community were invited. The subject was *Physiological Adjuncts to Psychotherapy*. Drs. Prout, Feigin, Loeb, Moorhead, James Ware and Lucile Ware were the speakers. The papers were discussed by the visiting physicians.

#### TEACHING, CONSULTATION AND CLINICAL APPOINTMENTS

Dr. James H. Wall: Associate Professor of Clinical Psychiatry at Cornell University Medical College, and Consulting Psychiatrist to the White Plains Hospital, the Grasslands Hospital, Valhalla, New York, and St. Luke's Convalescent Hospital, Greenwich, Connecticut; appointed Chairman of the Westchester Community Mental Health Board in August.

Dr. Curtis T. Prout: Assistant Professor of Clinical Psychiatry at Cornell University Medical College, and Consulting Psychiatrist to the White Plains Hospital.







METAL ROOM IN MEN'S OCCUPATIONAL THERAPY

Dr. Edward B. Allen: Instructor in Psychiatry at Cornell University Medical College, and Psychiatrist to Outpatients in the Department of Psychiatry at the New York Hospital, New York City.

Dr. Hollis E. Clow: Associate Attending Physician in the Division of Neurology at Grasslands Hospital, Valhalla, New York.

Dr. Marian Tyndall was appointed Attending Physician in Medicine on January 1st.

Dr. Victoria Bradess was appointed Pathologist on the Consulting Staff on April 1st.

Dr. Charles Beck was appointed Assistant Dental Surgeon on May 1st.

Dr. Simeon L. Feigin was appointed Assistant Resident Physician on July 1st.

Dr. Laurence Loeb was appointed Assistant Resident Physician on July 1st.

Dr. Harry H. Moorhead was appointed Assistant Resident Physician on July 1st.

Dr. Lucile M. Ware was appointed Assistant Resident Physician on July 1st.

Dr. James R. Ware, Jr., was appointed Assistant Resident Physician on July 1st.

Dr. David M. Spain, Pathologist on the Consulting Staff, resigned on March 31st to take a position as pathologist at Beth-El Hospital in Brooklyn, New York.

Dr. R. Finley Gayle, III, Assistant Resident Physician, resigned on June 30th to continue the study of psychiatry in the Medical College of Virginia Hospital in Richmond, Virginia.

Dr. Andrew Ian Malcolm, Assistant Resident Physician, resigned on June 30th to continue the study of psychiatry in London, England.

Dr. Robert R. J. Strobos and Dr. Tine Strobos, Assistant Resident Physicians, resigned on June 30th to take positions in the neurological and psychiatric departments of the Bowman-Gray Medical School in Winston-Salem, North Carolina.

### *PSYCHOLOGY DEPARTMENT*

Dr. Mary Alice White has continued in charge of this department. Two hundred ninety patients received psychological tests. Research projects included a study of 100 patients suffering from mental reactions associated with childbirth compared with 100 control subjects. The work with the families of patients suffering from schizophrenia has continued.

### *SOCIAL SERVICE DEPARTMENT*

Miss Eleanor Neustaedter, a social worker of wide experience in community and hospital work and in teaching, has been in charge since March 1st, and

during the first year of this service 75 patients were referred. The work with families has included help with relationships and home situations such as budgets and planning and other social factors related to the patient's illness and recovery. Contacts with the patients have been designed to further hospital adjustment and help with employment. The community relationship has had to do with housing, employment, recreation from cooperating individuals and agencies in the local and greater New York area. This department has made a valuable contribution to our comprehensive program of rehabilitation.

### *NURSING SERVICE AND EDUCATION*

The nursing service under the direction of Miss Sproggell has continued in its roles of patient care and in giving instruction and practical experience to student nurses. During the year 242 affiliating students received the twelve weeks' course in psychiatric nursing. The training schools from which these students were accepted were: the Flower-Fifth Avenue Hospital, Lenox Hill Hospital, Mount Sinai Hospital, Roosevelt Hospital and St. Luke's Hospital of New York City, St. John's Hospital of Yonkers, and the White Plains Hospital. The education program has been greatly enhanced by the addition of audio-visual aid and a film library.

The in-service program for nursing personnel has continued under the direction of two senior staff physicians.

The Katherine F. Hearn Scholarship Committee met on April 2nd. Scholarships were awarded to six graduates and during the year a substantial gift was given to the Fund in memory of a former patient.

The Nursing Advisory Council for the affiliating schools and nursing service met during the year.

On the last day of the year there were 211 members of the nursing personnel on duty, including the Director, three assistant directors, nine supervisors and instructors, 44 graduate nurses, 78 psychiatric aides and 29 practical nurses, together with two special nurses. In addition there were 11 part time graduate nurses, two practical nurses, and nine psychiatric aides. There were 62 affiliating nurses.

### *DENTAL DEPARTMENT*

The dental department has continued under the direction of Dr. Carroll and Dr. Beck. There was a total of 2,812 patients' visits to the department and 5,023 operations were performed.

### *MEDICAL CARE OF PERSONNEL*

Drs. Clow and Lynch have attended to the health of the hospital personnel. Three hundred twenty-three initial physical examinations for new employees were made. There were 3,454 visits to the employees' clinic which is held daily and a total of 204 admissions to the infirmary.

### *DEPARTMENT OF NUTRITION*

This department under the direction of Miss Randall has continued to have charge of the preparation of all meals for the patients and personnel





SITTING ROOM, HALL 7 MEN

together with the preparation of refreshments for the entertainments for patients and social functions of the hospital. The department also assumed the responsibility for food service in four dining rooms for personnel. Excellent standards have been maintained and many improvements and repairs have been made in the kitchen and dining rooms.

### HOUSEKEEPING DEPARTMENT

Miss Jacques has continued in charge and excellent standards have been maintained. This department supervises the work of all hall aides, together with the work of the linen and sewing rooms, the upholstery shop, the serving of food and refreshments at parties and social functions. The extensive program of renovations and decoration of halls for patients and personnel has continued. Furnishings for the building for special therapies were planned and purchased.

### CIVIL DEFENSE

During the year the hospital has been active in its civil defense program not only as it concerns patients and personnel but also in cooperation with the Office of Civil Defense in White Plains. Miss Phelan gave a course in First Aid to the personnel. Instruction has been given to all concerning the alerts and members of the staff have attended local civil defense meetings.

### SPECIAL EVENTS AND OTHER ITEMS OF INTEREST

The Board of Governors of the Society of the New York Hospital held its regular monthly meeting at the hospital on June 1st followed by a dinner at the staff house.

The building for special therapies of the women's department was opened on January 8th.

Ground was broken for the Thomas Eddy Education Building in November. This modern building will replace the inadequate structure, Dexter Cottage, used for classes of instruction and demonstration since 1922.

*Meetings.* On March 24th as a part of the Business-Education Day in White Plains, sponsored by the Education Committee of the Business and Civic Federation, six teachers from the public schools of White Plains visited the hospital and were shown the various facilities for treatment and were entertained at lunch.

The Medical Society of the County of Westchester held its regular monthly meetings at the hospital.

*Inspection of the Hospital.* Inspection of the hospital by representatives of the New York State Department of Mental Hygiene was made as follows: Dr. Robert C. Hunt on January 18, Dr. John A. Howard on April 14, Dr. George Volow on July 27, and Dr. Guy M. Walters on October 29.

*Visitors.* Visits of friends and relatives of patients during the year totaled 17,379: 6,267 to the men patients, and 11,112 to the women patients.

Groups of medical students from Cornell University Medical College and residents in training at the New York Hospital and Payne Whitney Psychiatric Clinic visited the hospital on Wednesday afternoons during April and May.

*Nurses' Fund.* Relatives and friends of patients again made generous contributions to this Fund which has added much to the pleasure of those engaged in the work of the hospital.

*Religious Services.* The Reverend Alfred C. Arnold, Rector of Grace Church, White Plains, and chaplain of the hospital, has continued to conduct the services on Sunday afternoons and to administer communion on other occasions. The regular choir of Grace Church has continued to serve the hospital. The Reverend Father Eugene A. Murtha and his assistant, the Reverend Father Thomas F. O'Connell of the Church of Our Lady of Sorrows, have been faithful in attending to the religious comfort of the Roman Catholic patients.

#### ADDRESSES, PAPERS AND PUBLICATIONS

Dr. James H. Wall: *Disturbances of Appetite*, and *Psychiatry for the General Practitioner*, Kentucky State Medical Society and Kentucky Psychiatric Association, Louisville, Kentucky, September 21 and 22; *Psychiatric Aspects of Anorexia Nervosa*, Intermountain Psychiatric Society, Phoenix, Arizona, November 7; *The Latest Trends in Psychiatry*, third annual meeting of Mental Health Institute, Tucson, Arizona, November 10; *The Psychoses-Schizophrenia*, chapter in *Current Therapy*, edited by Howard F. Conn, M.D., published by Saunders, 1954.

Dr. Curtis T. Prout: *Psychiatry as You Do and Don't Know It*, published in the Club Dial, White Plains, February 1954; *Alcoholism* (with Dr. E. B. Allen), chapter in *Progress in Neurology and Psychiatry*, Vol. IX, published in 1954.

Dr. Donald M. Hamilton: *Man to Man*, Mental Hygiene Association, Rye, N. Y., October 20; *Keeping Emotionally Healthy*, Business and Professional Woman's Club of New Rochelle, N. Y., November 9; *The Emotions of Everyday Living*, Harrison Woman's Club, Harrison, N. Y., December 7; *The Hospital Treatment of Involutional Psychoses* (with Dr. Warren A. Mann), Chapter 13 in *Depression*, edited by Paul H. Hoch, M.D. & Joseph Zubin, Ph.D., published by Grune and Stratton, 1954; *Successful Restoration of Schizophrenics Following Long-Term Intensive Psychotherapy*, American Journal of Psychiatry, Vol. 110, No. 8, February 1954.

Dr. Hollis E. Clow: *Geriatrics*, Home Companion Group, Adult Education Program, White Plains, April 13; *Mental Health*, annual Fathers' Night, Parent Teachers Association, Port Chester, N. Y., May 26; *The Psychology of Retirement* (with Dr. E. B. Allen), annual meeting of the American Geriatrics Society, San Francisco, California, June 18, published in the Journal of the American Geriatrics Society, December 1954; *The Care of the Aging*, New York State Joint Legislative Committee on Aging, with Senator Desmond as Chairman, New York City, December 16.

Dr. Edward B. Allen: *Geriatrics from the Layman's Point of View*, annual meeting of the Harrison Nursing Association, Harrison, N. Y., January 18;







INSTRUCTION IN GOLF

Management of Cerebral Arteriosclerosis-Psychiatric Aspects, stated meeting—Medicine combined with Neurology and Psychiatry, New York Academy of Medicine, New York, April 1; *The Psychology of Retirement* (with Dr. Hollis E. Clow), annual meeting of the American Geriatrics Society, San Francisco, California, June 18, published in the Journal of the American Geriatrics Society, December 1954; *Alcoholism* (with Dr. T. C. Prout), chapter in *Progress in Neurology and Psychiatry*, Vol. IX, published in 1954; *Understanding Our Older Persons*, in Growing with the Years, annual report of New York State Joint Legislative Committee on Problems of the Aging, 1954.

Dr. William K. McKnight: *Psychotherapy with Disturbed Patients*, combined meeting of the Section of Neurology and Psychiatry of the New York Academy of Medicine and the New York Neurological Society, Academy of Medicine, New York, January 12; *Developing Good Thinking Habits*, Memorial Methodist Church, White Plains, April 4; *Religion and You*, Singles Club, Memorial Methodist Church, White Plains, October 31; *The Mental Hygiene Movement*, Doubles Club, Memorial Methodist Church, White Plains, November 28.

Dr. Mary Alice White: *Development of a Sense of Responsibility in Children*, Parent Teachers Association, Mamaroneck Avenue School, White Plains, February 15; *The Making of a Juvenile Delinquent*, Westchester Magistrates Association, New Rochelle, N. Y., March 4; *An Index to Self-Understanding*, New Rochelle Mental Hygiene Committee, New Rochelle, N. Y., October 20. *Diagnosing Organicity on the Rorschach* (with Hanna Schrieber, M.A.), published in the Psychiatric Quarterly Supplement, Volume 28, Part 2, 1954.

#### PUBLIC RELATIONS DEPARTMENT

In addition to the fund-raising activities of this department under the direction of Mrs. Miller, the following radio programs were arranged with the cooperation of the staff through the courtesy of Station WFAS, White Plains:

Dr. Hamilton and Dr. Landolt: *The Psychiatric Uses of Program Therapies*, January 27;

Dr. White and Dr. Triebel: *Recovery from Mental Illness*, February 24;

Dr. Allen: *A New Look at Old Age*, March 24;

Dr. Clow: *Research in Mental Disorders*, April 28;

Dr. Gayle: *Electric Therapy*, May 26;

Dr. O'Neil: *Problems in Psychotherapy*, June 23;

Dr. Prout and Mrs. Miller: Introduction to new series of radio talks, *Psychiatric Understanding and Treatment from the Point of View of the Layman*, September 22;

Dr. White and Dr. Triebel: *The Role of the Family in the Case of Mental Illness of One of Its Members*, October 28;

Dr. O'Neil and Dr. Landolt: Continuation of subject of October 28 on December 23.

## IMPROVEMENTS AND MAINTENANCE

Upon the recommendation of the Westchester Division Committee, after a thorough survey, improvements in our fire protection were instituted and completed at a cost of \$68,000; these included new water mains, hydrants, sprinklers, and the installation of fire doors.

With the further installation of alternating current, the last of the old inadequate ice-making equipment has been completely replaced by modern electric refrigerators and ice-making units.

The various departments including maintenance, grounds, roads, and florist divisions have made ordinary repairs and extensive improvements and replacements.

## GIFTS

The loyal and philanthropic friends of the hospital contributed \$79,918.68 during the year. A total of \$464,619.09 has been contributed since the appeal was begun in 1947. These gifts have enabled the hospital to add many new facilities, to initiate extensive research projects, to carry on a thorough program of repairs and replacements, and to increase the amount of charitable work.

## NEEDS

The need for trained workers in the field of mental health continues to be great and the hospital with its history and traditions of teaching, service, and research is in an unusual position to expand in all spheres of activities to meet this need.

Funds for an outpatient department are needed to increase our service to the community and improve our training facilities.

Funds for housing personnel would enable the hospital to release several patients' halls now being used to house employees.

A unit for child psychiatry is a pressing need.

Funds are needed for the substitution of safety screens for grills.

The employees' food service must be consolidated for efficiency and economy in operation.

A special plea is made for contributions to carry out our programs of increased service to the community, teaching and research, together with the charitable work of rehabilitating many useful and worthy citizens who are unable to pay the full cost of their care and treatment.

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The entire staff and personnel are grateful for the high level of working and living conditions. The Medical Director wishes to express his appreciation to all fellow workers for their spirit of cooperation, hard work and untiring efforts during the past year. To the Board of Governors and members of the Westchester Division Committee I wish to express my sincere thanks for the unselfish labors and constant support and guidance in the beneficent work of the hospital.

Respectfully submitted,

JAMES H. WALL, M.D.  
*Medical Director.*

GENERAL STATISTICS OF PATIENT POPULATION FOR THE  
YEAR ENDING DECEMBER 31, 1954

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Total on books December 31, 1953 .....	153	246	399
In hospital .....	108	166	274
On visit .....	45	80	125
Admitted during the year:			
First admissions .....	84	129	213
†Readmissions .....	52	71	123
Transfers .....	2	5	7
Total admitted .....	138	205	343
Total under treatment during the year .....	291	451	742
Discharged during the year:			
* As recovered .....	33	44	77
* As much improved .....	36	49	85
* As improved .....	16	39	55
* As unimproved .....	10	23	33
As without mental disorder:			
Alcoholism .....	10	11	21
Drug addiction .....	1	3	4
Psychopathic personality .....	5	2	7
Died .....	8	6	14‡
Transferred .....	3	27	30
Total discharged .....	122	204	326
Total remaining on books December 31, 1954 .....	169	247	416
In hospital .....	119	168	287
On visit .....	50	79	129
Daily average population on the books .....	163	250	413
Daily average population excluding visits .....	115	173	288
Rated capacity of the hospital .....	125	201	326
Voluntary cases admitted during the year:			
First admissions .....	53	80	133
Readmissions .....	36	47	83
Physician's certificate cases admitted .....	6	4	10
Cases admitted on voluntary minor application .....	16	12	28
Voluntary cases certified for mental disorder .....	10	24	34
Voluntary cases certified on inebriate certification .....	9	8	17
Voluntary case certified on physician's certificate .....	1	---	1
Physician's certificate cases certified for mental disorder ...	1	2	3
Voluntary patients on books at the end of the year .....	79	121	200
Average number on visit during the year .....	48	77	125

\* Exclusive of transfers and those without mental disorder.

† Refers to previous admission to any hospital for mental disorder.

‡ One patient died while on visit.

# THE NEW YORK HOSPITAL—WESTCHESTER DIVISION

GENERAL TABLE OF STATISTICS  
Compiled from the Annual Reports of the Institution

Year	Whole Number Admitted	Admitted by Legal Procedure	Voluntary	Whole Number Treated during the Year	Whole Number Discharged during the Year	Recovered	Improved and much Improved	*Not Improved	Died	‡On Beds at End of Year	Daily Average Number in Hospital
1821 to 1893.....	9,305	9,303	2	...	9,003	3,635	2,436	1,585	1,345	...	...
1894.....	128	128	...	433	144	40	56	17	31	286	294
1895.....	145	145	...	434	126	40	39	19	28	305	299
1896.....	128	128	...	436	122	33	47	19	23	311	312
1897.....	133	131	2	447	106	30	37	12	27	338	318
1898.....	91	90	1	432	106	26	35	18	27	323	323
1899.....	108	102	6	434	93	24	35	16	18	338	331
1900.....	98	97	1	439	99	25	43	8	22	337	339
1901.....	91	68	23	431	100	26	33	14	27	328	328
1902.....	95	76	19	426	94	24	37	12	21	329	329
1903.....	124	95	29	456	111	31	35	18	27	342	336
1904.....	127	89	38	472	132	34	60	10	28	337	340
1905.....	111	84	27	451	100	34	43	8	15	348	342
1906.....	101	76	25	452	112	32	43	12	25	337	337
1907.....	127	109	18	467	123	44	35	22	22	341	340
1908.....	124	91	33	468	114	33	30	24	27	351	347
1909.....	122	82	40	476	129	40	40	27	22	344	343
1910.....	131	88	43	478	120	31	39	24	26	355	352
1911.....	140	74	66	498	121	39	35	25	22	374	351
1912.....	156	101	55	533	175	45	38	25	22	355	355
1913.....	144	82	62	504	154	36	54	13	17	345	333
1914.....	201	103	98	551	188	26	64	23	23	358	345
1915.....	193	94	99	556	202	30	85	22	14	349	336
1916.....	254	92	162	608	257	50	86	37	33	346	323
1917.....	222	73	149	573	242	47	49	38	23	326	312
1918.....	269	61	199	590	273	69	54	31	19	313	298
1919.....	309	68	241	622	316	83	152	42	15	306	302
1920.....	243	61	182	540	223	44	133	38	8	326	309
1921.....	273	68	205	509	303	52	126	45	13	296	290
1922.....	257	57	200	553	241	36	127	36	11	312	288
1923.....	267	75	192	579	272	68	107	46	17	307	284
1924.....	290	82	208	597	288	63	122	34	10	309	277
1925.....	290	91	199	599	290	53	136	88	13	309	276
1926.....	278	102	176	587	300	61	135	95	9	287	267
1927.....	276	102	174	563	253	62	108	76	7	310	257
1928.....	249	89	160	559	261	52	105	59	9	298	263
1929.....	248	84	164	546	243	59	112	65	7	303	257
1930.....	261	73	188	564	278	60	123	77	18	286	251
†1931.....	261	47	214	547	244	63	125	50	6	303	251
1932.....	231	27	204	534	269	46	158	53	3	265	241
1933.....	227	51	176	492	229	57	108	60	4	263	228
1934.....	236	47	189	499	217	41	119	53	4	282	230
1935.....	270	49	221	552	242	45	134	59	4	310	235
1936.....	277	46	231	587	280	73	133	65	9	307	264
1937.....	342	94	248	649	308	41	173	78	16	341	249
1938.....	311	83	228	652	306	67	159	67	13	346	246
1939.....	350	80	270	696	358	72	202	72	12	338	259
1940.....	333	111	222	671	285	89	139	48	9	386	244
1941.....	378	107	271	764	350	106	175	59	10	414	273
1942.....	361	104	257	775	379	94	209	61	15	396	279
1943.....	341	88	253	737	352	102	176	56	18	385	259
1944.....	352	92	260	737	331	116	152	52	11	406	263
1945.....	346	73	273	752	348	132	138	58	20	404	270
1946.....	222	69	253	725	335	111	151	53	20	391	273
1947.....	275	65	210	666	304	75	166	45	9	362	269
1948.....	350	111	239	712	335	94	167	55	19	377	255
1949.....	360	115	245	737	344	100	186	44	14	393	274
1950.....	329	100	229	722	345	90	186	54	15	377	272
1951.....	359	124	235	736	338	75	190	53	20	398	272
1952.....	318	111	207	716	325	84	172	50	19	391	278
1953.....	349	108	241	740	341	69	215	38	19	399	274
1954.....	343	127	216	742	326	82	180	50	14	416	288
Totals.....	23,721	14,643	9,078	...	23,305	7,141	8,987	4,113	2,474	...	...

\*Includes patients transferred.

†From this year changes of status not included as in previous years.

‡Includes patients on visit.

# INFORMATION RELATING TO THE ADMISSION OF PATIENTS

## APPLICATIONS

Applications for the admission of patients may be made at the hospital at any time, or at our office in The New York Hospital, 525 East 68th Street, New York City, on any business day, at noon.

Information will be gladly given by telephone, but it is not customary to accept patients without the more careful inquiry made possible by an interview.

Applications should be made by personal call of some one who is prepared to describe the case, and to make the necessary arrangements.

An examination of the patient before admission is not required.

Application for the admission of patients at a distance may be made by telephone or by letter. A full description of the case and of the circumstances is required.

## ADMISSION

The large majority of the patients sign their own applications on arrival at the hospital. Patients are also received on physician's certificate and on court authority as provided by the New York laws.

Patients who have been placed under the control of the hospital by court authority will, on request, be sent for. Others must be brought to the hospital.

## CLASS OF PATIENTS

In the admission of patients, preference is given to those suffering from forms of nervous and mental disorders in which a favorable result from treatment may be reasonably expected.

Doubtful cases may be received for observation and diagnosis.

A very limited number of alcoholic and drug cases with a favorable outlook may be received under the provisions of the Mental Hygiene law.

Patients who seem likely to require an extended period of treatment may, when there is room and they are otherwise suitable, be received, for periods of study, at rates that will contribute to the support of the work of the hospital.

As the field of the hospital's activity must necessarily be limited and as a suitable social environment is essential to successful treatment, in the selection of cases for admission a good level of education, refinement and social adaptability is required.

## TERMS

The rate charged depends upon the type of case, the attention required, and the accommodations desired.

Patients whose relatives are unable to pay the full cost may be received at low rates or without charge if the disorders from which they are suffering are recoverable and they are persons who come within the field of work in which The Society of the New York Hospital has found it can most usefully apply its resources. A large proportion of the patients thus received are professional men or women and members of their families. Preference is given to residents of New York State.

Extra charge is made for dental X-ray films and dental prophylaxis which are expected to be carried out for all patients. For other dental work and for surgical and other professional services that require specialists, extra charges are made for which, except in emergencies, approval is expected to be obtained in advance from the person responsible for the support of the patient in the hospital.

Consultations with family physicians and consulting specialists can, when desired, be arranged for after conference with the hospital physicians.











